II

111TH CONGRESS
1ST SESSION

S. 1009

To amend title XVIII of the Social Security Act to establish a Care Transitions Program in order to improve quality and cost-effectiveness of care for Medicare beneficiaries.

IN THE SENATE OF THE UNITED STATES

MAY 7, 2009

Mr. BENNET introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

To amend title XVIII of the Social Security Act to establish a Care Transitions Program in order to improve quality and cost-effectiveness of care for Medicare beneficiaries.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicare Care Transitions Program Act of 2009''.

SEC. 2. MEDICARE CARE TRANSITIONS PROGRAM.

Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding at the end the following new section:

''CARE TRANSITIONS PROGRAM

''SEC. 1899. (a) PROGRAM.—

''(1) IN GENERAL.—The Secretary shall establish a Care Transitions Program (in this section referred to as the 'Program') under which outcomes-based payments are made to community-based transitional care suppliers (in this section referred to as 'CTCs') for furnishing care transition services, improving quality of care, and reducing rehospitalization rates.

''(2) CARE TRANSITION SERVICES.—For purposes of this section, the term 'care transition services' means the following services furnished to individuals entitled to, or enrolled for, benefits under part A or enrolled for benefits under part B after the individual is discharged from inpatient care:

''(A) Self-management goal-setting.

''(B) Medication self-management support.

''(C) Arrangement of timely follow-up care.

''(D) Individualized training in management of clinical exacerbation.

''(E) Establishment and maintenance of a paper or electronic personal health record. Such personal health record shall be written and formatted using language that is easily under-

standable by individuals receiving benefits under this title.

''(F) Preparation for anticipated clinical encounters.

''(G) Monitoring of service effectiveness, including measures of transitional care as endorsed by the National Quality Forum and hospital readmission rates.

''(H) Other services determined appropriate by the Secretary.

''(3) TARGETING AND TIMING OF CARE TRANSITION SERVICES.—Care transition services may only be provided—

''(A) to an individual entitled to, or enrolled for, benefits under part A or enrolled for benefits under part B who is part of the targeted beneficiary population under the CTC's plan (as described in subsection (b)(2)(E)) that is approved by the Secretary; and

''(B) during the 90-day period beginning with the day such individual is discharged from a hospitalization.

''(b) CONTRACTS WITH CTCS.—

''(1) IN GENERAL.—Under the program, the Secretary shall establish a process for awarding con-

tracts to entities meeting the requirements of paragraph (2).

''(2) REQUIREMENTS FOR CTCS.—The Secretary shall establish an application process by which entities seeking contracts to serve as CTCs demonstrate that they meet the following requirements:

''(A) The entity is recognized by the Secretary as having the appropriate professional expertise, safeguards for privacy and confidentiality, and authority to review medical records in order to review cases and identify patterns of care involving items and services furnished to individuals entitled to, or enrolled for, benefits under part A or enrolled for benefits under part B.

''(B) The entity does not currently receive payments for items or services furnished to individuals described in subparagraph (A).

''(C) The entity has the demonstrated capability to form cooperative processes with providers of medical services through local community presence and other characteristics.

''(D) The entity has received appropriate formal training and demonstrates other evi-

dence of its capability to deliver care transition services.

''(E) The entity submits a proposed plan that identifies a carefully selected target beneficiary population, particularly those most at risk for rehospitalizations, for which the entity will provide care transition services, identifies targeted inappropriate or wasteful services contributing to preventable rehospitalizations, and identifies any targeted disparities in the quality of care transitions associated with race, ethnicity, language, or gender.

''(3) INTERVENTION.—Under the contract awarded under this subsection, a CTC shall undertake community-based interventions, including the following:

''(A) Partner with local entities designated under section 3025(a)(2)(A) of the Older Americans Act of 1965, and such other individuals and organizations as the CTC may recruit for the purposes of this section, to develop and implement an intervention plan. Such plan shall be aimed at reducing rehospitalizations and improving quality outcomes among the individuals served. Throughout the intervention period, the

CTC shall be accountable for ongoing project management and facilitation. The CTC shall assist providers and the community in creating resources for more effective transitions and in implementing improvement activities.

''(B) Review cases involving items and services provided to individuals entitled to, or enrolled for, benefits under part A or enrolled for benefits under part B who have been rehospitalized within 30 days of discharge from an inpatient hospital stay.

''(C) Engage providers and practitioners in interventions to identify and eliminate the causes of preventable rehospitalizations.

''(D) Engage partners to implement care transition services which primarily target individuals served who have complex conditions according to the needs, structures, and hospital readmissions patterns of the local community.

''(4) DEIDENTIFIED PATIENT DATA.—Notwithstanding any other provision of law, the CTC may, as determined appropriate by the CTC, provide to providers and practitioners consenting to participate in an intervention deidentified patient data that identifies providers and practitioners treating the

same population of patients, for the purpose of measuring and improving the safety, quality, and effectiveness of transitions of such patients from the care of one provider or practitioner to another. Nothing in this paragraph shall be construed to limit, alter, or affect the requirements imposed by section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

''(5) REPORTS.—Under the contract awarded under this subsection, a CTC shall submit to the Secretary reports (in such frequency determined appropriate by the Secretary) on the implementation of the requirements under the contract.

''(c) PAYMENTS TO CTCS.—

''(1) IN GENERAL.—Under the Program, the Secretary shall establish payment amounts for organizations awarded a contract under this section. Such payment amounts shall be directly linked to the ability of the CTC to achieve or exceed quality and cost targets, including a shared savings payment for demonstrated reductions in the expected rehospitalization rate for individuals receiving care from the CTC.

''(2) ADJUSTMENT.—The Secretary shall make appropriate adjustments to payments to CTCs under

this section to take into account adverse selection of individuals and the variation in the health status of individuals among CTCs, including high cost outliers. Such adjustments shall be made in a budget-neutral manner.

''(3) TRUST FUNDS.—Payments to CTCs under this section shall be payable from—

''(A) funds in the Federal Hospital Insurance Trust Fund; and

''(B) funds in the Federal Supplementary Medical Insurance Trust Fund,

in such proportion as the Secretary shall deem to be fair and equitable after taking into consideration the quality improvements and cost savings achieved by such entities.

''(d) REGULATIONS.—The Secretary shall promulgate regulations to carry out this section. Such regulations shall be promulgated by not later than 18 months after the date of enactment of this section.''.

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